CHILDREN'S PROGRAM DIVISION

County of Loudoun (LCPRCS)



Department of Parks, Recreation and Community Services REGISTRATION FORM PARTICIPANT INFORMATION Child's First Name Child's Nickname Child's Last Name Sex Age Birthdate Child's Full Address (Street, City, State, Zip Code) Home Phone Child's School Grade Primary E-Mail Address: MEDICAL/INSURANCE INFORMATION Physician's Phone Child's Physician Does your child have allergies? If yes, complete the Health & Skills Form. Insurance Company Name/Address Insurance Policy Number Insurance Group Number Is your child under a physician's care/treatment or taking medications on a regular basis? YES NO List medication(s) that will need to be administered during program hours and Medication Authorization Form required. Please explain (prescription name, prescribing physician, side effects): Does your child have identified medical, personal care or special need(s) (developmental, physical, emotional, or learning)? If yes, please complete the Health & Skills Form. PARENT/GUARDIAN INFORMATION Primary Guardian's Name DL# Home Phone Work Phone Cell Phone/Pager: Home Full Address (Street, City, State, Zip Code) Place of Employment E-mail Address Do you have legal custody of child? YES NO DL# Home Phone Cell Phone/Pager: Secondary Guardian's Name Work Phone Home Full Address (**if different-**Street, City, State, Zip Code) Place of Employment E-mail Address Do you have legal custody of child? YES NO Person/Agency With Legal Custody if Different DL# Home Phone Work Phone Cell Phone/Pager: from Above Home Full Address (Street, City, State, Zip Code) Place of Employment EMERGENCY INFORMATION (3 adults other than parent/guardian, 2 within 30 miles of the site, authorized to pick up child.) 1. Name Relationship Work Phone Home Phone Cell/Pager Home Full Address (Street, City, State, Zip Code) Cell/Pager 2. Name Relationship Work Phone Home Phone Home Full Address (Street, City, State, Zip Code) Work Phone Home Phone Cell/Pager 3. Name Relationship Home Full Address (Street, City, State, Zip Code) The Following person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship) Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child. "If you require a reasonable accommodation for any type of disability in order to participate in LCPRCS/CPD, please contact Dan Bureau 703-777-0398/TTY-711. Three business days advance notice is requested." My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep contact and emergency information current. Signature of Parent or Guardian Date FOR LCPRCS Use Only: Proof of Age and Identity Form Type Place of Birth Certificate # Date Issued

(Revised 2/14) Forms Reviewed by

(date received) (K or 5th Grade due by 8/15 for CASA Sept.)

VA Commonwealth School Entrance Health Form (3 pages)

Children's Program Division	ADDENDUM FORM	Program Year:		
($$) the program registering for:				₹
Camp DAZECamp FEST	Child:		— DRT	76
CASABefore School	T (01)		COUNTY OF LO	
Adaptive Rec Camp Camp Sessions: (circle) 1 2 3 4 5 6 7 8	Program Location/Site:			1010101
Camp Shirt: CHILD S M L XL	Parent/Guardian:			-
ADULT S M L XL XXL	Enrollment Date	Start Date	End Date	_
EMERGENCY MEDICAL RELEASE (Please Initia	al)			
In the event of injury/serious illness, I give permis				
staff to obtain medical treatment for my child. I underst		be transported to an e	mergency facility, that decis	sion
will be made by the emergency team responding to the In the event of injury or serious illness, I do not give		staff to obtain medical	treatment for my child Inst	tead
I instruct <i>LCPRCS</i> staff to	ve perimission for Let Res s	starr to obtain incurcar	treatment for my emia. mist	icau,
PHOTOGRAPHIC RELEASE By signing below, I give	ve permission to <i>LCPRCS</i> to	use photographs and v	videos of my child for public	city
in order to increase community awareness of <i>LCPRCS</i>	programs and in any and all	publications and other	media without limitation.	
FIELD TRIP/SWIMMING RELEASE By signing bel				
understand I will be notified of dates, destinations, time for Camp field trips. Child's swimming level:Be				
pool, over head) Advanced (All areas). Commer		is, not past shoulders)	Average (with section	<i>n</i> 1 01
<u>LIABILITY RELEASE</u> By signing below I absolve the	e County of Loudoun of any	responsibility for any a	accident or injury to my child	d or
caused by my child to others where neglect is not invol-	ved. Furthermore, I understa	and that LCPRCS can o	only be responsible for my cl	hild
during days and times that he/she has been checked in a			ild when he/she is traveling t	to
and from any LCPRCS activity via transportation not p *PROPERTY DAMAGE** I understand I may be fire.*			y my shild during the progre	.0111
<u>USE OF PROTECTIVE SUBSTANCES</u> I agree				
his/her sunscreen each day. My child Does NOT	Γ need assistance Needs	s assistance with VER	BAL prompting only	Needs
assistance applying sunscreen. Please apply sunscreen				iaper
rash cream labeled with their name, on the first day. It	t will be sent home with your	child at the end of the	program.	
Comment: PARENT HANDBOOK (Please Initial) I under	erstand that I am responsible	for accessing the Pare	nt Handbook(s) online at	
			it Handoon(b) omme ut	
	loudoun.gov/childrensprogra		at Hundoon(s) omme ut	
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